

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>INDEPENDENT WOMEN'S VOICE</b>		3. FEC Identification Number <b>C</b> <b>C90011115</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 I Street NW 5th Floor		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☒ 24-Hour Report  
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y Y Y
THROUGH				
M M	/	D D	/	Y Y Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

15048.92

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Heather R. Higgins

Heather R. Higgins

05/06/2013

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Post and Courier LLC		Date MM / DD / YYYY 05 / 05 / 2013	
Mailing Address 134 Columbus Street		Amount 7107.40	
City Charleston	State SC	Zip Code 29403	
Purpose of Expenditure Print Ads, Monday May 6		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARSHALL C ('Mark') SANFORD JR		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 160287.31		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special-General	
Full Name (Last, First, Middle Initial) of Payee Post and Courier LLC		Date MM / DD / YYYY 05 / 05 / 2013	
Mailing Address 134 Columbus Street		Amount 7941.52	
City Charleston	State SC	Zip Code 29403	
Purpose of Expenditure Print Ads, Sunday May 5		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARSHALL C ('Mark') SANFORD JR		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 153179.91		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) Special-General	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... 15048.92			
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....			
<b>(c) TOTAL</b> Independent Expenditures ..... 15048.92 (carry total from last page forward to Line 7)			